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PICK-UP	MAIT	MAIL MAIL
(Bu	isiness Entity Name)	
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Certified Copies	Certificates of	Status
Special Instructions to	Filing Officer:	
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C. GOLDEN AUG 2 9 2017

COVER LETTER

TO: Amendment Section Division of Corporations

	1	er de a	
NAME OF CORPOR	ATION: Love All	712115	
DOCUMENT NUMB	er: <u>P 1640 dd 8</u> x	<u> 1656. </u>	
The enclosed Articles of	of Amendment and fee are sub	mitted for filing.	
Please return all corresp	pondence concerning this matt	er to the following:	
-		Line Lallicity Name of Contact Person	ns
		Name of Contact Person	
-	****	Firm/ Company	·
	1710		1- ct
•	4/13	Address	(10)
	Tallahee	Address SSCL FL .37 City/ State and Zip Code	348
		City/ State and Zip Code	
		O Yihoo (en ed for future annual report	
For further information	n concerning this matter, pleas	e call:	
Len	WILLIAMS	at (<i>E35\$</i> ,	de & Daytime Telephone Number
Name	of Contact Person	Area Co	de & Daytime Telephone Number
Enclosed is a check for	r the following amount made	payable to the Florida Depa	artment of State:
\$35 Filing Fee	□\$43.75 Filing Fee & Certificate of Status	S43.75 Filing Fee & Certified Copy (Additional copy is enclosed)	☐\$52.50 Filing Fee Certificate of Status Certified Copy (Additional Copy is enclosed)
Ma	iling Address		Address
·	andmont Fratian	A meno	ament Section

Amendment Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Amendment Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

Articles of Amendment

to

Articles of Incorporation

FILED				
2017 AUG 29	PH 3:59			

1	01	2017 AUG 20 04 -
Lanc SILIAMS	Construction INC	2017 AUG 29 PH 3:5
(Name of Corporation as current	ly filed with the Florida Dept. of State)	Walling St.
Plód	0000 8x1656	10021 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
(Document Numbe	er of Corporation (if known)	
Pursuant to the provisions of section 607.1006, Floits Articles of Incorporation:	orida Statutes, this <i>Florida Profit Corporation</i> ac	lopts the following amendment(s) to
A. If amending name, enter the new name of th	ie corporation:	
		The new
name must be distinguishable and contain the "Corp.," "Inc.," or Co.," or the designation "Cword "chartered," "professional association," or	Corp," "Inc," or "Co". A professional corpor	ation name must contain the
B. Enter new principal office address, if applie		<u> </u>
(Principal office address MUST BE A STREET	<u></u>	
		
C. Enter new mailing address, if applicable: (Mailing address MAY BE A POST OFFICE	<u> </u>	
D. If amending the registered agent and/or renew registered agent and/or the new regist	gistered office address in Florida, enter the na	me of the
	ered office address.	
Name of New Registered Agent		-
	(Florida street address)	
New Registered Office Address:	, Floric	
	(City)	(Zip Codė)
		•
New Registered Agent's Signature, if changin I hereby accept the appointment as registered as	ig Registered Agent: gent. I am familiar with and accept the obligation	ons of the position.

Page 1 of 4

Signature of New Registered Agent, if changing

If amending the Officers and/or Directors, enter the title and name of each officer/director being removed and title, name, and address of each Officer and/or Director being added:

(Attach additional sheets, if necessary)

Please note the officer/director title by the first letter of the office title:

P = President; V= Vice President; T= Treasurer; S= Secretary; D= Director; TR= Trustee; C = Chairman or Clerk; CEO = Chief Executive Officer; CFO = Chief Financial Officer. If an officer/director holds more than one title, list the first letter of each office held, President, Treasurer, Director would be PTD.

Changes should be noted in the following manner. Currently John Doe is listed as the PST and Mike Jones is listed as the V. There is a change, Mike Jones leaves the corporation, Sally Smith is named the V and S. These should be noted as John Doe, PT as a Change, Mike Jones, V as Remove, and Sally Smith, SV as an Add.

Example: X Change	PT John Doe	
X Remove	V Mike Jones	
X Add	SV Sally Smith	
Type of Action (Check One) 1) Change Add Remove	Title Name V Johnathan Rope	Buckingham 1715 Berkingham CT Tallahassee Fl. 32348
2) Change Add Remove	VP Lavon CLAXTON	Crawfordville Fl. 32327
Change Add Remove		
4) Change Add Remove		
5) Change Add Remove		
6) Change Add Remove		

	ing additional Arti eets, if necessary).	(Be specific)				
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f an amendment	provides for an ex	change, reclass	itication, or ca	ncenanon or n	ssueu snares.	
provisions for im	provides for an ex	nendment if no	contained in	ne amendinen	itisch.	
(if not applied	able, indicate N/A)					
22 - FF				·		

The date of each amendment(s) adoption:	if other than the
date this document was signed.	
Effective date if applicable:	
(no more than 90 days after amendment file date)	
Adoption of Amendment(s) (CHECK ONE)	
The amendment(s) was/were adopted by the shareholders. The number of votes cast for the amendment(s) by the shareholders was/were sufficient for approval.	
The amendment(s) was/were approved by the shareholders through voting groups. The following statement must be separately provided for each voting group entitled to vote separately on the amendment(s):	
"The number of votes cast for the amendment(s) was/were sufficient for approval	
by" (voting group)	
(voting group)	
The amendment(s) was/were adopted by the board of directors without shareholder action and shareholder action was not required.	
The amendment(s) was/were adopted by the incorporators without shareholder action and shareholder action was not required.	
Dated 29 Aug 17	
Signature	
(By a director, president or other officer – if directors or officers have not been selected, by an incorporator – if in the hands of a receiver, trustee, or other court appointed fiduciary by that fiduciary)	
Long LikeiAms	
(Typed or printed name of person signing)	
(Title of person signing)	